

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90236 035 ****61.25

DOCUMENT # N07837

1. Entity Name

VILLAS ON MISNER'S BRANCH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**54 MISNER'S TRAIL
ORMOND BCH FL 32174**

Mailing Address

**54 MISNER'S TRAIL
ORMOND BCH FL 32174**

90021692



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2505195**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRBY, MARTHA C
37 MISNERS TRAIL
ORMOND BEACH FL 32174**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

MARTHA C. KIRBY - Martha C. Kirby, Treasurer 2/7/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MORRIS, JOHN
22 MISNERS TRAIL
ORMOND BEACH FL 32174** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ANTHONY, JEAN
48 MISNERS TRAIL
ORMOND BEACH, FL 32174** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ANTHONY, JEAN
43 MISNERS TRAIL
ORMOND BEACH FL 32174** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SOMERS, RICHARD
24 MISNERS TRAIL
ORMOND BEACH, FL 32174** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FERREIRA, JANET
33 MISNERS TRAIL
ORMOND BEACH FL 32174** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
IOANNIDIS, HARRY
25 MISNERS TRAIL
ORMOND BEACH, FL 32174** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KIRBY, MARTHA
37 MISNERS TRAIL
ORMOND BEACH FL 32174** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASD
WEINSTEIN, ERNEST
15 MISNERS TRAIL
ORMOND BEACH FL 32174** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARTHA C. KIRBY - Martha C. Kirby, Treasurer 2/7/03 **386-681-2323**

CR2E037 (10/02)